



Maine Revenue Services  
and  
Department of Labor

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FORM 941/C1-ME LOOSE Combined Filing for Income Tax Withholding and Unemployment Contributions

QUARTER #

Withholding Account No.

Name

UC Employer Account No.

Address

Period Covered  
Mo. Day Year Mo. Day Year

Part One - Income Tax Withholding

1. Maine income tax withheld this quarter (Semi-weekly employers complete Schedule 1 on reverse side) ..... 1 \$
2. Less any semi-weekly Payments (From Schedule 1, line 15 on reverse side – see instructions.) ..... 2
3. Income tax withholding due (line 1 minus line 2) ..... 3

Part Two - Unemployment Contributions Report

OFFICE USE ONLY

Seasonal Code Seasonal Period

☐ Check if reporting wage listing on  
MAGNETIC TAPE or DISKETTE

4. Report the number of covered full-time and part-time workers who worked during  
or received pay for the payroll period which included the 12th of the month. If no  
employment in the payroll period, enter zero (0) ..... 4 1st Month 2nd Month 3rd Month
5. Number of female employees included on line 4. If none, enter zero (0) ..... 5
6. Total gross reportable wages paid this quarter (from Part Four, line 22) ..... 6 \$
7. Deduct excess wages (see instructions) ..... 7  
**Note: The taxable wage base has increased to \$12,000 for each employee.**
8. Taxable wages paid in this quarter (line 6 minus line 7) ..... 8
9. Contribution rate ..... 9
10. Contributions due (line 8 times total rate on line 9) ..... 10

Part Three - Calculate the Total Amount Due

11. Amount due with this return (line 3 plus line 10) ..... 11 \$
12. Less amount from line 11 remitted separately (see instructions) ..... 12
13. Net balance due with this return (line 11 minus line 12) ..... 13

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct and that no part of unemployment contributions has or will be borne by any employee(s).

Signature Date

Title Telephone

Make Check Payable to  
Treasurer, State of Maine

Mail to: Maine Revenue Services  
P.O. Box 9103  
Augusta, ME 04332-9103

Send the original return to Maine Revenue Services. Do not mail photocopied returns.

For Field Advisor Use:

Rev. 12/99

office use only PWD

UC Account # \_\_\_\_\_

**Reconciliation of 900ME Voucher Payments**  
**(See Instructions)**

[illegible]

\$

 FINAL

(address): \_\_\_\_\_ Tel. #: \_\_\_\_\_

